POLICY – MPP – 254 Treatment of Congenital Nasolacrimal Obstruction in Children and Adults

Department/Team
Medical Management/Medical Payment Policy (MPP)

Approval By
HQUM

Approval Date
09/25/2020

Effective Date
9/23/2011

Line of Business
☒ CCC+
☒ Medallion 4.0
☒ D-SNP
☒ MAPD
☐ Exchange

PURPOSE

This policy outlines guidelines and criteria for coverage determination of treatment of congenital nasolacrimal obstruction in children and adults.

DESCRIPTION

Twenty percent of infants develop symptoms of congenital nasolacrimal duct obstruction (CNDO) during their 1st month of life, with spontaneous resolution of symptoms being the most common outcome. In the absence of therapy, approximately 1% of infants will still be affected by their 1st birthday. CNDO is usually caused by a persistent membranous obstruction at the lower end of the nasolacrimal duct, and can often lead to dacryocystitis. Symptoms include epiphora (tearing) and discharge of mucus and pus. Conservative treatments of CNDO include simple lid cleaning and when there is clinical evidence of infection, appropriate antibiotics. The role of lacrimal sac massage in the management of CNDO is limited. Probing of the nasolacrimal duct is not usually recommended before the infant is 12 months of age. If probing fails, other approaches such as turbinate fracture, intubation and balloon dilation of the nasolacrimal duct (dacryocystoplasty/dacryoplasty) may be needed.

Adults, especially individuals over 40 years of age, as well as children can also suffer from nasolacrimal duct obstruction(s) that may result in dacryocystitis. For chronic dacryocystitis, symptoms include chronic tearing and discharge, infection, pain and discomfort around the eye. Although the standard method for treating obstruction of lacrimal duct in adults is dacryocystorhinostomy, balloon dacryocystoplasty has been used increasingly for this purpose. Studies have indicated that balloon dilation of the nasolacrimal duct is effective in treating this condition.

GUIDELINES/INSTRUCTIONS

SCOPE:
This policy specifically addresses the treatment of nasolacrimal duct obstruction in adults and children

POSITION:
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Medically Necessary

VPHP considers balloon dacryocystoplasty (also referred to as balloon dilatation, balloon dacryoplasty), as well as silicon intubation medically necessary in both children and adults after the use of lacrimal probing* for the treatment of any of the following indications:

1. Congenital nasolacrimal duct obstruction that can't be cured by probing (members should be over 1 year of age), or
2. Epiphora (excessive tearing) due to acquired obstruction within the nasolacrimal sac and duct, or
3. A mucocele of the lacrimal sac, or
4. Chronic dacryocystitis or conjunctivitis due to lacrimal sac obstruction, or
5. Lacrimal sac infection that must be relieved before intra-ocular surgery.

* lacrimal probing is covered and is appropriate for nasolacrimal duct obstruction non-responsive to conservative measures (e.g., warm moist compresses, massaging, etc.)

Experimental/Investigational

VPHP considers balloon dacryocystoplasty and silicone intubation experimental and investigational for all other indications, including treatment of nasolacrimal duct obstruction associated with the following conditions for which balloon dacryocystoplasty as well as silicone intubation has not been proven to be effective:

1. Anatomic malformations in the lacrimal duct or bony lacrimal canal
2. Recurrent episodes of active dacryocystitis
3. Dacryocystolithiasis
4. Tumor (e.g., papilloma, carcinoma) of the lacrimal sac
5. Sarcoidosis
6. Wegener granulomatosis
7. Other specific, acquired nasolacrimal sac and duct obstructions (e.g., post-traumatic obstruction of the bony canal).

CODING:

CPT codes covered if selection criteria are met:

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<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>68815</td>
<td>Probing with insertion of tube or stent</td>
</tr>
<tr>
<td>68816</td>
<td>With transluminal balloon catheter dilatation</td>
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<tr>
<td>68720</td>
<td>Dacryocystorhinostomy</td>
</tr>
<tr>
<td>68810 - 68811</td>
<td>Probing of nasolacrimal duct, with or without irrigation/requiring anesthesia</td>
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<tr>
<td>68840</td>
<td>Probing of lacrimal canaliculi, with or without irrigation</td>
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[ICD-10 codes]

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<tr>
<th>ICD-10 Code</th>
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<tr>
<td>H04.301 - H04.339</td>
<td>Unspecified dacryocystitis</td>
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<tr>
<td>H04.431 - H04.439</td>
<td>Chronic lacrimal mucocele</td>
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<td>H04.531 - H04.539</td>
<td>Neonatal obstruction of nasolacrimal duct</td>
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<tr>
<td>H04.551 - H04.559</td>
<td>Acquired stenosis of nasolacrimal duct</td>
</tr>
<tr>
<td>Q10.4 - Q10.6</td>
<td>Specified congenital anomalies of lacrimal passages</td>
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REFERENCES

4. Burns SJ, Kipioti A. Follow-up probing for congenital nasolacrimal duct obstruction.
Related Documents

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Revision History

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<th>Date</th>
<th>By</th>
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<tr>
<td>08/09/2019</td>
<td>Dr. Tamar Springel</td>
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<tr>
<td>09/13/2020</td>
<td>Dr. Tamar Springel</td>
<td>Annual Review</td>
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